

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## BOARD OF NURSING

### CERTIFICATE OF APPROVAL TO TAKE EXAMINATION EARLY

**APPLICANT:** Complete this section and forward to the school of nursing in which you will receive your basic nursing education. Request the school to return the completed form for approval to take the NCLEX examination authorized by the Wisconsin Board of Nursing.

**Type of Degree:** ☐ Registered Nurse (RN) ☐ Licensed Practical Nurse (LPN)

**Last Name**

**First Name**

**MI**

**Former / Maiden Name(s)**

**Address** (number, street, city, zip code)

**Social Security Number** (voluntary-for use in locating your records)

**Date of Birth**

**SCHOOL:** This form is for purposes of providing approval to take the NCLEX examination prior to graduation/completion. You may fax or email this form with a cover sheet/letter to: (608) 261-7083 or [DSPSCredNursing@wisconsin.gov](mailto:DSPSCredNursing@wisconsin.gov).

**Name of School**

**Location of School** (number, street, city, zip code)

**The above named applicant is attending the following program:** (check a box below)

☐ a Registered Nursing (RN) Program (BSN/ADN/BA/DIP/Other)

☐ a Licensed Practical Nursing (LPN) Program (LPN/TPN)

**Was this school of nursing WI board-approved at the time of graduation or completion?** ☐ Yes ☐ No

**The school approves the applicant to take the NCLEX examination.** ☐ Yes ☐ No

**Signature**

**Date**

**Title**